


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90017 049 \*\*\*\*61.25

DOCUMENT # 763144					
1. Entity Name CENTRE COURT I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2121 COLLIER AVENUE FT MYERS, FL 33901			Mailing Address 2121 COLLIER AVENUE #200 FT MYERS, FL 33901 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1009471	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPS, INC. 12065 METRO PARKWAY STE 201 FORT MYERS, FL 33912			Name P & M PROPERTY MANAGEMENT		
			Street Address (P.O. Box Number is Not Acceptable) 15660 SAN CARLOS BLYD #40		
			City FT. MYERS, FL		
			Zip Code 33901		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Paul L Sapp</u> for <u>P &amp; M Property Mgt 2-1-04</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, GENE		NAME	KEITH HARVEY	
STREET ADDRESS	2121 COLLIER AVE #215		STREET ADDRESS	2121 COLLIER AVE # 318	
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, LLOYD		NAME		
STREET ADDRESS	2121 COLLIER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN, SWEIGART		NAME		
STREET ADDRESS	2121 COLLIER AVE #210		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIGGINS, RAYMON		NAME	SUSAN SNYDER	
STREET ADDRESS	2121 COLLIER AVE #308		STREET ADDRESS	2121 COLLIER AVE #114	
CITY-ST-ZIP	FT MYERS, FL 33901		CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASLER, BUD		NAME		
STREET ADDRESS	2121 COLLIER AVE #208		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, STAN		NAME		
STREET ADDRESS	2121 COLLIER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33901		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lloyd Brewer</u>				Date: <u>1-29-04</u> Daytime Phone #: <u>239-939-1617</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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